

Core Elements for Programs being Credentialed and Contracted with HealthChoice and PAC MCOs and BHOs

This document was developed to help substance abuse treatment providers identify the core elements involved in the credentialing and contracting process with MCOs/BHOs in the HealthChoice and Primary Adult Care (PAC) Programs, and thus facilitate contracting between providers and MCOs.

Core Elements of the Credentialing Process

Credentialing is the process in which a provider demonstrates that it has the qualifications to participate in the MCO/BHO network of providers. All MCOs/BHOs require the following:

1. License or certification by the State (in this case, the Office of Health Care Quality).
 2. A signed Disclosure of Ownership and Controlling Interest Statement.
 3. Malpractice insurance for \$1million per incident or \$3 million aggregate, or have a waiver stating that the program falls under the state tort requirement (i.e., Local Health Departments).
 4. Compliance with the Americans with Disabilities Act.
 5. If not accredited by CARF, JCAHO or AOA, the following is required:
 - a. Site visit every two years;
 - b. Proper format for medical record documentation;
 - c. Policies for assuring confidentiality of medical records;
 - d. Policy and procedures related to treatment options;
 - e. Quality improvement plan; and
 - f. Health and safety procedures.
 6. Provider must have a Medicaid number and an NPI. (Provider does not have to be a Medicaid provider.) The MA number can be obtained through the MCO.
- In addition, each MCO/BHO may have additional, specialized credentialing requirements.
 - Proper credentialing of a provider by the MCO/BHO to participate in the HealthChoice and/or PAC Programs does not automatically imply that a provider is credentialed for commercial business.

Contracting The contract describes the financial and procedural requirements agreed to by the provider and the MCO/BHO, and is contingent upon the provider meeting the credentialing requirements. A contract does not necessarily obligate the MCO/BHO to refer enrollees to the provider.